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THE POST-WAR SOCIAL ADJUSTMENT OF WORLD WAR 11 VETERANS

A FOLLOW-UP STUDY OF THIRTY-ONE WORLD WAR 11 VETERANS  
ADMITTED TO THE BOSTON PSYCHOPATHIC HOSPITAL FROM THE  
COURTS FOR OBSERVATION DURING THE PERIOD FROM JANUARY  
30, 1946 TO MAY 11, 1946

A Thesis

Submitted by

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In Partial Fulfillment of Requirements for  
the Degree of Master of Science in Social Service

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The writer desires to express his appreciation to the authorities of the Boston Psychopathic Hospital for the privileges accorded him in the use of the records and to Dr. D. Hertz Funkenstein of the Medical Staff who has cooperated so generously in making available his own findings of the veterans.



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## CHAPTER 1

### INTRODUCTION

The purpose of this paper is to study and evaluate the post-war social adjustment of thirty-one World War 11 veterans admitted to the Boston Psychopathic Hospital from the courts for observation during the period from January 30, 1946 to May 11, 1946. The writer is interested to know whether or not such factors as their social adjustment before, during, and after service are determining factors in the post-war social adjustment of these thirty-one veterans. Incidental to the main purpose, the writer is also interested to know whether or not such factors as age, diagnosis, or use of alcohol are determining factors in the post-war social adjustment of these veterans.

The material for this study was obtained from the findings of one of the psychiatrists at the Boston Psychopathic Hospital who studied and rated each veteran as making either a good, fair, or poor social adjustment before, during, and after service. The material was also obtained from the records of the Boston Psychopathic Hospital, the various courts that committed the patients for observation, and from the patients themselves or from members of their families.

The Boston Psychopathic Hospital was opened for the reception of patients in 1912. It was the first institution





of its kind established in this country. It is a teaching center for physicians, nurses, psychologists, social workers, and persons in allied fields of work. The hospital has in addition to its wards an out-patient department, a nursing and occupational therapy department, a neurosyphilis department and a social service department. The hospital has a capacity of one hundred and ten beds. The purpose of the hospital is to provide for the observation and treatment of incipient mental disorders as well as psychopathic conditions not properly coming within the scope of the State hospitals. The legal status of cases admitted may be described as follows:

1. Temporary care (not to exceed ten days); 2. Boston police cases (persons suffering from delirium, mania, mental confusion, delusions or hallucinations, or who come under the care of protection of the police); 3. Observation cases (for a period of thirty-five days, pending commitment); 4. Cases pending examination and hearing; 5. Emergency commitments (not more than five days); 6. Voluntary admissions; 7. Cases held under complaint or indictment.

The reason this particular period and number of cases was selected for study was because they had been studied more intensively than other veteran court admissions by one of the psychiatrists of the hospital staff who is attempting to determine the psychological features in asocial conduct

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<sup>1</sup> James V. May, M.D., Mental Diseases (Boston: The Gorham Press, 1922), p. 110.



of veterans. Any other group would have had a far less complete pre-service and service history and so would have been more difficult to study and less information would have been gained.

The cases included in this study have all committed an offense against society and have appeared before a judge who considered that observation for mental disease was necessary before he could intelligently deal with the case. Hence, they were seen at the Boston Psychopathic Hospital shortly after some episode which had brought them in conflict with the law. All patients were committed under section 100. The following is the definition of section 100 as given in <sup>1</sup> the Handbook of the Department of Mental Health:

Section 100. Commitment to State Hospitals of persons under indictment. If a person under complaint or indictment for any crime is, at the time appointed for trial or sentence, or at any time prior thereto, found by the court to be insane or in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his insanity, the court may commit him to a state hospital or to the Bridgewater State Hospital under such limitations, subject to the provisions of section one hundred and five as it may order. The court may in its discretion employ one or more experts in insanity, or other physicians qualified as provided in section fifty-three, to examine the defendant and all reasonable expenses incurred shall be audited and paid as in the case of other court expenses. A copy of the complaint

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<sup>1</sup> Commonwealth of Massachusetts, Handbook of the Department of Mental Health, 1944, pp. 33,34.







or indictment and of the medical certificates attested by the clerk shall be delivered with such person in accordance with section fifty-three. If reconveyed to jail or custody under section one hundred and five, he shall be held in accordance with the terms of the process by which he was originally committed or confined.

Thus this commitment under section 100 gives the hospital the authority to observe and report the mental status of the patient to the court.

The method used to make this study was the following: first, all the cases admitted for observation by the courts under section one hundred from January 30, 1946 to May 11, 1946 were obtained. This produced a group of thirty-one cases all of which had been studied and rated by the psychiatrist mentioned. Each case was carefully read and the schedule (see appendix) was filled in and a short summary of the case was made. The psychiatrist decided on a social adjustment rating of good, fair and poor of each patient before he entered the service, during service and after service. The writer decided on the social adjustment rating of good, fair and poor on each patient for the follow-up period.

The psychiatrist rated the patient's social adjustment as good before entering service if he adjusted well in the following social areas:



- (1) Family relationship
- (2) Economic status
- (3) Mental health
- (4) Educational adjustment
- (5) Occupational adjustment
- (6) Arrests
- (7) Use of alcohol
- (8) Marital adjustment, if married

If the patient was deficient in adapting himself in certain of these areas but was able to function socially without being institutionalized for a mental illness or arrested for a crime the patient was rated by the psychiatrist as making a fair adjustment before entering the service.

However, if the patient's past history revealed he had been institutionalized for a mental illness or arrested for a crime and had not been able to make a social adjustment in the other areas the patient was rated by the psychiatrist as making a poor social adjustment before entering the service.

The psychiatrist rated the patient's social adjustment as good during military service if the patient's history revealed that he responded well to the following war factors:

- (1) Length of service
- (2) Length of overseas service
- (3) Use of alcohol
- (4) Marital adjustment
- (5) Wounds received
- (6) Absent without leave
- (7) Combat duty
- (8) Health
- (9) Court martials
- (10) Mental health
- (11) Type of discharge





If the patient's history revealed that he was deficient in adjusting himself in some areas but performed his duties satisfactorily and received an honorable discharge the patient was rated by the psychiatrist as making a fair adjustment.

However, if the patient's history revealed that he had been absent without leave, used alcohol to the extent that it interfered with his military efficiency, had been court martialed or became mentally ill under a minimum of stress and had to be discharged because of a mental illness, or for other reasons convenient to the government, the patient was rated by the psychiatrist as making a poor military adjustment.

The psychiatrist rated all patients as making a poor post-war social adjustment by virtue of their arrest and subsequent commitment to the hospital for observation.

The writer rated the patient as making a good social adjustment in the follow-up period if the follow-up visit and investigation revealed the patient was adjusting well in the following areas:

- (1) Family relationships
- (2) Marital adjustment, if married
- (3) Use of alcohol
- (4) Occupational adjustment
- (5) Arrests
- (6) Mental health
- (7) Disposition by the court



If the patient was returned to the community by the judge and the patient was not committing anti-social acts but was not able to function efficiently in the areas mentioned, the patient was rated as making a fair follow-up social adjustment by the writer.

If the follow-up investigation revealed that the patient was given a prison sentence or committed to a mental hospital, was re-arrested, was using alcohol to excess, or was deficient in making an occupational, community and family adjustment, the patient was rated by the writer as making a poor follow-up social adjustment.

In addition to the material in the record the writer visited the courts to learn of the disposition of the case by the judge and then made a home visit for information relative to his adjustment after his discharge from the hospital. This material was studied and evaluated carefully by the writer and from it was drawn the picture which is to follow in this study.

There is very little literature dealing directly with the subject of post-war adjustment of World War 11 veterans. There is, however, sufficient material written on the subject of the World War 11 serviceman and his adjustment to the stress of war. The writer has thus been unable to use much of the bibliographical material directly but rather has had to select information and ideas that relate to the





type of adjustment the patient can be expected to make in the post-war period.



## CHAPTER 11

### CASE SUMMARIES

The main purpose of this paper is to evaluate the post-war social adjustment of thirty-one World War 11 veterans admitted to the Boston Psychopathic Hospital from the courts for observation during the period from January 30, 1946 to May 11, 1946. In order to see how these veterans adjusted in the post-war period it may be helpful to study in some detail a group of ten cases which is illustrative of the varieties of social adjustments made by the veterans before, during and in the follow-up period.

We have in this group thus chosen veterans who failed to adjust socially before, during and in the follow-up period, and veterans who had made a good social adjustment before, during, and in the follow-up period but poor at the time of arrest or after service. We also have in this group veterans who made a fair social adjustment before, a good adjustment during, poor after, and fair in the follow-up period. Also, veterans who made a poor adjustment before, good during service, and poor after and in the follow-up period. The writer wanted to have represented in this group as many types of diagnoses as possible, age groups, and various degrees of social adjustment.





The following cases are illustrative of the various types of veterans and the degree of social adjustment made before entering the service, during service, after service, and in the follow-up period.

#### CASE 1

This is the case of a twenty year old single male, World War 11 veteran, with a diagnosis of psychoneurosis with emotional instability, who had been referred to the hospital by the court for observation. The patient had broken a number of windows with his fists while under the influence of alcohol. Three days before the patient was involved in an automobile accident in which he bumped his front teeth against the steering wheel. After the accident he drank a quantity of whiskey to kill the pain in his teeth and then visited his girl friend where he met a male friend of his. He got in an argument with this friend, became extremely upset and angry, and chased the friend down the street and then completely lost his head and punched his fists through several glass windows. He sustained several lacerations of the right hand. The police were called and when they attempted to arrest him he became violent and resistive. Following his arrest he was taken to the Boston City Hospital where he remained for three days. He was then taken to court where the judge recommended that he be sent to the Boston Psychopathic Hospital for observation.

The patient was the second of seven children, was raised in poverty, the family being assisted financially by social agencies for the past fifteen years. He was close to his mother and had a tremendous hostility toward the father who was a chronic alcoholic, abused the mother and showed no affection for the children. The patient resented this and as a child fancied getting even with the father when he grew up.

Despite the poverty and an alcoholic father he developed normally through childhood until he was fifteen years old when he began associating





with a delinquent group. During this period of delinquency he was arrested four times for aggressive and destructive acts. Because of this behavior he was placed in a foster home by the Children's Aid Society which he deeply resented. After several years he returned to his own home to live, completed the third year of high school, and then went to work to help support the family. He worked as a welder in a shipyard for eighteen months prior to being drafted and although he adjusted well during this period he resented his boss or anyone in authority.

He was drafted into the Army in October 1943 at the age of eighteen and remained in the United States six months before he went overseas to the European theater as an infantry replacement. After remaining overseas for several months in a replacement depot he became very bored with the inactivity and volunteered for combat. He served one year of combat duty in France and Belgium, receiving two minor shrapnel wounds. He served well in combat, and was honorably discharged after serving a period of two years with one year of active combat.

He seemingly adjusted well after his discharge from the Army. He returned home to live with his family, worked steady as an ice man, bought himself an auto, contemplated marriage, and then, seven months after discharge he was arrested for his present offense. While under observation at the hospital he was cooperative but resented being sent to a mental hospital because he thought it was a disgrace. The period of observation revealed that he exhibited little insight into his condition, was emotionally unstable, and was aggressive toward people in authority. The medical staff made a diagnosis of "without psychosis, psychoneurosis with emotional instability, not committable" and recommended out-patient treatment. The court disposed of his case with a suspended sentence of six months in the House of Correction.

The follow-up visit revealed he was adjusting well at work, at home and in the community. He was back working as an ice man earning thirty-five dollars a week. He spent his leisure time with his fiancée or with his former friends at the local chapter of the Veterans of Foreign Wars where he bowled and had an occasional glass of beer. He had not been drinking to excess since





his discharge from the hospital. Although he appreciated the interest of the hospital in his follow-up adjustment he declined the writer's invitation for out-patient treatment by passing his arrest off as a freak of behavior due to his over indulgence in alcohol which he felt would not happen again.

This case illustrates a twenty year old World War 11 veteran carrying a diagnosis of without psychosis, psychoneurosis with emotional instability, who made a poor social adjustment before service, a good adjustment during service, a poor adjustment after service and a good adjustment at the time of the follow-up visit. The sequence of his social adjustment can be attributed to the following factors. He was raised in poverty, had grown up and developed considerable aggression toward his alcoholic, cruel father as a result of which he also developed an attitude of hostility<sup>1</sup> toward persons in authority. During adolescence he consequently committed acts of aggression and destruction for which he was arrested. He was able to adjust well during the war period because it afforded him an outlet for his tension and feelings of aggression without threatening his<sup>2</sup> feelings of security. Although he was making a good

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<sup>1</sup> John Dollard, et al., Frustration and Aggression. (New Haven: Yale University Press, 1939), pp. 41, 135.

<sup>2</sup> Roy Grinker and John P. Spiegel, Men Under Stress (Philadelphia, Pa.: The Blakiston Co., 1945), p. 325.



adjustment in the follow-up period, the prognosis in this case should be guarded because he lacked insight into his condition and refused out-patient treatment to help him understand the reason for his behavior.<sup>1</sup>

#### CASE 11

This twenty-eight year old single male World War 11 veteran with a diagnosis of Psycho-neurosis, Mixed Type, had been referred to the hospital for observation by the court on a charge of indecent exposure. The veteran had been charged with exposing himself in front of a girls' college dormitory on two occasions in the week prior to his arrest.

The patient's father died when he was two years old and the mother married again one year later. He had various neurotic symptoms up to the age of ten such as enuresis, temper tantrums, nightmares, and sleep walking during which he ended up in his mother's bed. His relations with his step-father during these formative years were not good. He received severe beatings for minor infractions which resulted in a suppressed dislike for the step-father. After the age of ten the neurotic symptoms abated. He completed the first year of high school at the age of sixteen and then went to work for his step-father in the contracting business. He continued working for his step-father until he enlisted in the Army in 1941. After a brief period in this country he was immediately sent to Australia for training and from there he went directly to Guadalcanal where he experienced his first combat duty. For the next thirty-six months he served very well as a platoon leader. During this time he had fourteen attacks of malaria, was blown out of his fox hole, witnessed the death of many of his friends, and was forced to kill Japanese prisoners out of necessity. He finally was discharged on points after serving his country well for fifty-six months, thirty-six of which were overseas.

After his discharge from the service the

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<sup>1</sup> Ibid., p. 326





patient enrolled in a radio school under the G.I. Bill of Rights, and eight months later while still attending school he was arrested for the first time on the charge of indecent exposure.

While under observation he was cooperative but depressed and guilty over his arrest and confinement. He was given a pentothal interview during which he cried and called for his mother and girl friend indicating his regressive and dependent needs. Following ten days of observation he was discharged to the court with the recommendation that the patient was suffering from combat neurosis and was in need of further psychiatric treatment and supervision in order to allay his symptoms of restlessness, anxiety and tension. It was further recommended should the court deem it advisable to return the veteran to the community, the hospital would be glad to offer the services of the out-patient clinic toward his rehabilitation. Heeding the recommendation of the medical staff the court gave him a suspended sentence of one year in the House of Correction.

The patient had been attending the out-patient clinic for about four weeks when the writer saw the veteran in a follow-up interview. He was deriving a great deal of benefit from his out-patient treatments although his symptoms had not completely subsided. He was back attending school, was making a good community adjustment, and attended bowling parties with his fiancée and mutual friends. He was more cheerful and was looking forward to marrying his fiancée in the near future.

This case illustrates a World War 11 veteran with a diagnosis of Psychoneurosis, Mixed Type, who had many neurotic symptoms and needs up to the age of ten and then went on to make a good social adjustment prior to entering service, a good adjustment during service, and then as a result of his war experiences returned to civilian life in a regressed and dependent condition as manifested by his arrest and the subsequent period of observation at the





<sup>1</sup>  
hospital.

At the time of the follow-up interview the patient was again making a good social adjustment as a result of out-patient treatment which he badly needed since the time of his discharge eight months previous.

#### CASE 111

This thirty-two year old married World War 11 veteran carrying a diagnosis of Without Psychosis, Alcoholism was referred to the hospital by the court for observation after being arrested for drunkenness and assault. The veteran had been drinking to excess the day prior to his arrest, went home to bed and when he woke up later that night and found the baby's bassinet moved from his bedroom he became violent, threw furniture about the house and also pushed his wife down the stairs. The next morning in court the judge committed him to the hospital for observation because the veteran had an Army discharge diagnosis of Psychoneurosis.

The veteran had a settled life before entering the service. He attended a Catholic college for two years and anticipated entering the priesthood but had to terminate his education because of financial reasons. He married in 1941, raised three children, worked steady as a postal clerk, bought a new home, and then was inducted into the service in May of 1944. He spent nine months in the United States before going overseas. Four days after landing overseas he went into combat. He stood up very well under combat until a heavy shell burst near him killing his officer and several of his friends. He became hysterical and had to be evacuated to the United States where he received a medical discharge of Psychoneurosis. He had served a total of thirteen months, four of which were in active combat.

After his discharge he had numerous anxiety symptoms such as startle reaction to loud and sudden noises, was restless, irritable, occasionally

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1 Ibid., p. 345.





broke out in a sweat, had combat dreams and for the first time in his life began to drink to excess. He was also mildly depressed and discontented with himself for not being able to carry on as he did prior to entering service. He changed jobs frequently and was discontented in whatever work he tried.

He was cooperative during his hospitalization, established a good relationship with his doctor and as a result was able to gain a good deal of insight into his condition before leaving the hospital. For the first time since his discharge he was able to talk objectively with his wife about plans for the future welfare of the family. The medical staff made a diagnosis of Without Psychosis, Alcoholism directly attributed to his war experience. Out-patient treatment was recommended in the event the court returned the veteran to the community. The court filed the case.

A brief period later when the writer made the follow-up visit the veteran was making a good work, family and community adjustment. He was back working as a postal clerk, was getting along well with his wife and children, re-established his community and church ties, stopped drinking, was free of his anxiety symptoms and was looking forward to the future with confidence.

This case illustrates a World War 11 veteran who had gained sufficient insight from a period of observation and treatment to carry on once again as he had prior to his traumatic war experience. This veteran had made a good social adjustment prior to entering service, a good military adjustment until subjected to heavy shelling, was discharged with a diagnosis of Psychoneurosis, after service drank to excess to allay his persistent anxiety symptoms, was arrested and after a brief period of treatment once again was making a good social adjustment.



## CASE 1V

This twenty-seven year old veteran of World War 11, father of four children and carrying a diagnosis of Without Psychosis, Psychopathic Personality, Mixed Type, was admitted to the hospital as a referral from the court charged with threatening his wife with a carving knife while under the influence of alcohol. The veteran had been drinking excessively since his discharge from the Army some two months prior to admission. Prior to his enlistment in the Army he had been arrested some ten times for drunkenness and larceny.

The veteran came from an unhappy home and was the second of two children. The father, a chronic alcoholic, deserted the family when the veteran was seventeen years old. His development was normal up to that time. After the father deserted the veteran quit school in the tenth grade and joined the CCC where he remained for the next eighteen months making a good adjustment to this life. He wished to re-enlist but was denied the privilege because he had used up his allotted time. Shortly after his release from the CCC he married mainly because he had no established home to settle in. He then changed jobs frequently, was arrested several times for drunkenness until finally he obtained a job as a riveter in a shipyard which he held for two years until his enlistment in July 1944.

After enlisting he spent four months training in the United States as an infantryman, and then spent the next fourteen months overseas as a combat infantryman in France and Germany. His adjustment to the Army was good and he had a clean record throughout his time in the service. He was in the front lines for three months, was frequently under shell fire and in tank battles and personally killed three Germans. He was honorably discharged on points after serving well for a total of eighteen months, fourteen of which were overseas.

Following separation from the Army he made no attempt to find work and drank excessively. He drew his twenty dollars per week rehabilitation allowance plus his one hundred a month mustering out pay and spent most of it for alcohol completely







ignoring the welfare of his pregnant wife and four children. This routine of drinking and not working continued for the two months he had been out of the Army until he was arrested and sent to the hospital for observation. During his hospital stay the veteran was quiet and cooperative and had exhibited no signs of psychotic behavior. It was the opinion of the medical staff that he was not insane or committable and so was referred back to the court for disposition. The court in turn filed his case.

The writer called at the housing project where the family lived for a follow-up interview and found the wife ill in bed with a varicose leg due to her pregnancy. She was attended by a housekeeper who was caring for her and the children. The veteran had continued his same pattern of behavior of not working and drinking to excess immediately upon his release by the court. He continued in this manner for a short period and then expressed a desire to re-enlist in the Army. Since it assured her and the children of an adequate, steady income from the allotment checks sent by the government, she readily consented to his re-enlistment. At the time the writer made the follow-up visit, the veteran had already been assigned to occupational duty in Germany and from his letters to his wife he was contented and adjusting well.

This case illustrates a World War 11 veteran whose personal social needs are best met by a military environment or similar environment such as the CCC. He definitely is unable to adjust socially to a normal family life. This veteran made a poor social adjustment before entering service as manifested by his frequent arrests. He made a good military adjustment, a poor adjustment after service for the few months he was out of the Army, and once again when back in the Army was making a good follow-up adjustment.





## CASE V

We have here a twenty-two year old World War ll veteran with a diagnosis of Dementia Praecox, Hebephrenic Type, who was admitted from the court for the second time on a charge of drunkenness.

He is the third of three children, coming from a secure and better than average home, and except for finger nail biting and an occasional temper tantrum he was a normal child until the age of fourteen when he became lazy and neglected his studies almost entirely. Shortly before he was to graduate from high school his mother died and soon after the veteran enlisted in the Army. He spent the next twenty-nine months in the Army, two years of which were in Puerto Rico doing guard duty. He drank excessively after enlisting and was unable to adjust himself to the rigorous army life. On many occasions he got in fights with non-commissioned officers during one of which he received a broken jaw and had to be hospitalized. For this and other infractions he was demoted from corporal to private. Upon returning from Puerto Rico he was stationed in the state of Louisiana and was granted a three week furlough which he spent at home. During this furlough he went out occasionally on drunks. He overstayed his furlough by one day and was put in the guard house for some time. Shortly after his release from the guard house he cut himself slightly on the neck while shaving which was interpreted as an attempt at suicide. He was observed for two months in the station hospital and then was honorably discharged from the Army because of a mental disease. Following his discharge from the service in January of 1944 he returned home. He did not work, became increasingly difficult to manage about the house, was very lazy and often argued with his sister and father. From the time he was discharged from the Army until admitted to the hospital on the present charge of drunkenness he had been arrested a total of six times for indecent exposure and drunkenness.

In September of 1944 after an arrest for indecent exposure he was observed for the first time at this hospital for ten days and then was released back to the court with a diagnosis of Dementia Praecox, Simple Type. On his next





offense for indecent exposure the court sentenced him without benefit of a mental examination to six months in the House of Correction. Following his release he was again arrested on his present charge of drunkenness.

While under observation he was quiet about the ward, stood in one place for long periods making stereotyped movements with his hands and indulged in frequent inappropriate laughter. He was also delusional and responded to auditory hallucinations. The medical staff made a diagnosis of Dementia Praecox, Hebephrenic Type and recommended he be committed to a state hospital for further treatment. In compliance with this recommendation the court had the patient committed to the Westboro State Hospital.

The follow-up visit at the Westboro State Hospital revealed that, other than having an appendectomy operation and one attempt to elope, the veteran continued about the same.

This veteran's illness had a gradual onset soon after he was fourteen years of age. He made a good but ineffectual social adjustment prior to entering the service, a fair military adjustment until his mental illness became more disturbing, and a poor social adjustment after service and in the follow-up period as a result of a pathological mental illness.

#### CASE VI

After an observation period of ten days this twenty-five year old married World War II veteran was diagnosed as Without Psychosis, Psychopathic Personality, Mixed Type. He was referred by the court charged with assault with a dangerous weapon with intent to kill. The night of his arrest the veteran came home early in the evening after having been drinking a moderate amount of alcohol. After drinking some coffee prepared by his wife he began cleaning his



father-in-law's revolver. While in the midst of this task the veteran's mother-in-law and grandmother paid a visit and began nagging and reminding him that he was two months behind in paying his rent. This led to an argument and in the confusion the revolver went off missing his wife by about two feet. When the police arrived to investigate the shot the wife's relatives charged him with attempting to kill his wife and so the veteran was arrested for the first time and referred to the hospital for observation.

This veteran is a first generation Italian, the third of six children. He came from a happy home although the father was a strict disciplinarian of strict religious standards. The veteran developed normally through childhood, discontinued his education in the seventh grade at the age of fourteen to work with his father who was a fisherman. He worked for his father for one year and then obtained employment as a fish cutter at the fish pier where he was employed until he entered the service in January of 1942. He married at the age of nineteen, got along well with his wife and now is the father of two children.

Following his enlistment, the veteran was stationed in Florida for thirty-one months as a repairman in radio intelligence. He adjusted well and was promoted to the rating of sergeant. Following his tour of duty in the state of Florida he spent the next fourteen months overseas in Italy where he experienced occasional light shelling. He remained in Italy until ready to be honorably discharged.

On returning home from the service he was slightly restless, tense and irritable. He was also forced by the housing shortage to live in a flat owned by his wife's relatives. He gradually developed considerable friction toward these relatives partly because of his emotional tension and partly because he was unemployed through no fault of his own. He returned to his former employment as a fish cutter but had been working only a short time when the fishermen went out on strike terminating the veteran's means of a livelihood. He expected the strike to be called off at any time and so made frequent trips to the pier occasionally obtaining a day's







work. As a result of his unemployment he was two months behind in paying his rent and had to borrow sums of money from his wife's relatives to obtain food for his family. He began to drink alcohol to excess for the first time in his life in order to allay his feelings of tension and irritability. His resentment toward his wife's relatives became increasingly more acute and it was during one of their intrusions that the accidental shooting occurred.

During his period of observation the veteran was quiet and cooperative and exhibited no sign of a psychosis. The medical staff therefore referred him back to the court with the recommendation that he was not insane or committable. The court in turn placed the veteran on probation for one year.

The follow-up information obtained from the veteran's wife revealed the family was still residing at the same place. However, the veteran was back working steady as a fish cutter and consequently was more contented. He drank only moderately, was less tense and irritable and amenable toward his family.

We have here a veteran who upon discharge from the service was somewhat tense, irritable and restless, and consequently was not able to tolerate additional stress such as crowded housing conditions and unemployment without resorting to alcohol. The continued aggravation of all these factors finally led to the incident of his arrest. This veteran made a good social adjustment prior to entering service, a good military adjustment, a poor social adjustment after discharge, and a good social adjustment once again in the follow-up period when the security of employment was again available.



## CASE VII

This veteran, a forty-one year old married man, had been referred to the hospital for observation by the court charged with arson. He had been arrested twice in the past two months for drinking excessively and quarreling with his wife and step-son. The day before his admission the veteran had gone to his wife's home for the purpose of reconciling their differences and when he realized she had company, set fire to the backstairs for which he was arrested and committed. The veteran is a first generation French Canadian, the youngest of nine children. He had a happy normal home life until the age of nine when his mother died. He therefore had to leave school at the early age of fourteen after completing the seventh grade. He worked as a mill worker for awhile and then went to work on a farm owned by his brother where he worked for the next ten years. He held various odd jobs after leaving his brother but on the whole adjusted well with the exception of one incident when he was arrested for driving while under the influence of alcohol.

He enlisted in the Army in 1943 and served very well for nine months as a cook in this country and then was honorably discharged because he was over age. Shortly after his discharge from the Army in 1944 he married his present wife, a woman twelve years his senior and the mother of eight children by her first marriage. They adjusted very well together until two months ago when her seventeen year old son came to live with them. The son caused a great deal of friction between the veteran and his wife. The veteran became somewhat anxious and began to drink excessively. His relations with his wife became progressively worse until he was arrested on the present charge of arson.

While hospitalized he was pleasant and cooperative in every way. The medical staff made a diagnosis of Psychoneurosis, Mixed Type with Alcoholism and referred him back to the court. The court disposed of his case by placing the veteran on probation for one year. After his release he tried to make a reconciliation







with his wife but she refused to cooperate and so after one week he began to drink to excess again and otherwise began to regress. In an effort to rehabilitate the veteran, the probation officer contacted one of the veteran's sisters who was more than willing to assist the veteran in every way possible. She was the mother of a grown family and welcomed him into her home as one of the family. Under the protection of his motherly sister the veteran stopped his excessive drinking, gained in physical health, was more cheerful and optimistic and gradually assumed his social place in the community.

In the case of this veteran, we have a very dependent individual who through the rehabilitating efforts of the probation officer and the protective shelter of a motherly sister is once again making a social adjustment equal to his pre-marital level. This veteran made a fair social adjustment prior to entering service, a good military adjustment, a poor social adjustment after service, and at the time of the follow-up visit was making a good social adjustment once again.

#### CASE VIII

We have here a first generation Irish Catholic veteran, twenty years of age with a diagnosis of Psychosis with Psychopathic Personality. Shortly after his discharge from the service this veteran became involved in an automobile accident in which a marine who was in the car with him was killed. He was charged with manslaughter, drunken driving, assault of an officer and illegal ownership of a license. Following his arrest he was sentenced to six months in the House of Correction and when placed in his cell he made a futile attempt at suicide by slashing his wrists. Because of this he was sent to the hospital by the court for evaluation of



his mental status.

The veteran is the eleventh child of seventeen children. The family have lived in squalid, poverty-stricken surroundings for many years. Both the mother and father are chronic alcoholics and neither encouraged obedience to school or police authority. The mother's attitude toward law and order had been somewhat unusual in that she feels her children can do no wrong and has gone to State officials to complain of the police treatment of her children. The family has had much public and private aid for many years.

His physical development as a child was normal. In school he was a constant behavior problem. He was thoughtless, careless, truant, associated with a delinquent group and was constantly in trouble with the police. He had no interest in academic studies, completed the ninth grade at the age of fourteen and then went to work. He had numerous odd jobs for the next two years but remained only a short time at each job. He left home at the age of sixteen and falsified his age to enlist in the Army. While in the Army he had many difficulties with the military authorities. He was AWOL three times, convicted once for attempted rape on an English WREN for which he served a six months sentence, and was hospitalized four times for hysterical reactions during training and in combat. Finally, during the Battle of the Bulge, he received a slight scalp wound and had a hysterical reaction for which he spent one month in a psychiatric hospital in England and then was returned to the United States and discharged with a diagnosis of Hysteria. Shortly after his discharge he was arrested on his present charge.

On examination at the hospital he expressed extreme hostility both to society and toward the authorities who sentenced him to the House of Correction. He threatened to become a severe criminal and commit homicidal acts if not let alone. The medical staff decided he was not responsible for his behavior which they considered impulsive and potentially dangerous both to himself and to society and so the veteran was transferred to the Westboro State Hospital for further treatment. The follow-up investigation







at the Westboro State Hospital disclosed his conduct had been excellent and he was considered markedly improved. He so impressed the doctors that he was allowed home in the custody of his mother for an indefinite period. He adjusted very well at home for the next month, obtained a job as a laborer with a local contractor, attended church and visited with his fiancée evenings. However, this period of good adjustment was short lived for he was again arrested for drunkenness and the four policemen making the arrest had to be treated for bite wounds inflicted by the veteran.

This veteran carried his civilian social maladjustment into his military life and on returning to civilian life after discharge continued the same anti-social behavior. We have here a veteran who made a poor social adjustment before service, a poor military adjustment, and a poor social adjustment after service and in the follow-up period.

#### CASE 1X

This thirty year old married veteran, carrying a diagnosis of Without Psychosis, Psychopathic Personality, Mixed Type, was referred to the hospital by the court on a charge of drunkenness. On the occasion of his arrest, he had been creating a disturbance in a restaurant and when approached by the police used abusive language and was arrested. The judge, on learning the veteran had been discharged from the Army with a diagnosis of Psychoneurosis, decided to give him the benefit of a mental examination and sent him to the hospital for a period of observation.

The veteran is of Scotch descent, born in New Brunswick, the oldest of two children and was brought to this country when eight years of age. The father, a common laborer but a man of good habits, has never been able to provide adequately for the family. He has been unemployed frequently necessitating public and private assistance for many years.





The veteran has always been close to the mother but antagonistic toward the father for no reason. He developed normally as a child, completed the ninth grade in school at the age of sixteen and then started to work. He worked at various odd jobs until he could complete a night course in radio and electricity. After completing his course he worked for various electrical companies for short periods until he either was fired or decided to move on to another employer. He married at the age of twenty-two but only lived with his wife for a period of four months and then separated. He has a boy seven years old from this marriage but has not seen nor supported his wife and child for the past six years. He was first arrested for drunkenness at the age of eighteen and since then has been arrested a total of five times for larceny and drunkenness.

Shortly after he enlisted in the Army in January of 1943 he volunteered for paratroup training. On his eleventh jump he became tangled in a tree, was stunned slightly but not hurt badly. Following this he was nervous, could not sleep, was restless and irritable and did not desire to jump again. He made but one more practice jump and then went AWOL for thirty-nine days so he would not have to make any more jumps. He turned himself in to a government hospital for his "nervousness" and finally was discharged from the service with a diagnosis of Constitutional State, Inadequate. Later the diagnosis was changed to Psychoneurosis and he was granted a ten percent disability pension. He was in the service a total of twenty-three months none of which was overseas or in combat. Following his discharge he worked for six months as an electrician on war work but was laid off at the end of the war and has not worked since preferring to live on his pension and twenty dollars a week rehabilitation allowance. He saw no reason for working as long as the government paid him this money. He continued his excessive drinking and pattern of irresponsibility until arrested on the present charge of drunkenness.

While under observation he was tense, sullen, anxious, suspicious, and resentful of being sent





to a mental hospital. He also cried like a child when his mother was mentioned stating she would not put up with his confinement as soon as she learned of his whereabouts. In view of his past record and their present findings the medical staff made a diagnosis of Psychopathic Personality and referred him back to the court for disposition. The court in turn fined him fifteen dollars and filed his case.

The follow-up visit revealed the veteran was living apart from his family but ate his meals with his mother. In general his social habits were about the same as when he was arrested. He was unemployed, drank to excess, and spent his days hanging around a coffee shop with a group of gamblers and questionable characters.

We have here a veteran with a mother who has always sheltered and protected him from the realities of life. He is an asocial, irresponsible, demanding individual. He has never been able to hold a job for any length of time and has no ambition or plans for the future. This veteran made a poor social adjustment prior to entering service, a poor military adjustment, and a poor social adjustment after service and in the follow-up period.

#### CASE X

This twenty-one year old single veteran with a diagnosis of Without Psychosis, Psychopathic Personality, Mixed Type was referred to the hospital by the court on a charge of larceny. The veteran had been out of work for about six weeks. About a week before he had an argument with his mother about not working, became upset and stole eight hundred dollars, his father's life savings, and left home for three days. He spent the three days in a nearby city setting up drinks for some fellows he met in a bar. At the end of three days he was homesick and returned with seven hundred dollars. The father asked the judge to drop the case against the veteran but





wanted the hundred dollars paid back. When the judge discussed this with the veteran his attitude was silly and inappropriate and the judge requested the veteran be given a mental examination.

The veteran, the third of six children, was brought up in a poor but fairly happy home. He developed normally during childhood but has always been a quiet, shy, home-loving boy. He was a dull student in school and after repeating the seventh grade twice left school at the age of sixteen to go to work. He worked at odd jobs for a few months and then obtained employment driving an ice and coal truck earning forty-five dollars a week. He remained at this work for one year until inducted into the Army. When he learned he was to be inducted he became very upset. He talked about having a great fear of carrying a gun and killing people, was unable to sleep and spent long hours at night pacing the floor. After his induction he spent five months in the Army and most of this time was spent in a hospital. He then received a medical discharge because of a "nervous condition" and returned home. He was very happy to be home again and returned to his former job of driving a coal truck. He adjusted well for the next thirty months until six weeks before his arrest when he quit his job because he felt it was too hard. He was unable to find another job, became quite discouraged and began to drink to excess. His family took him to task about not working for which he became angry and upset and decided to leave home taking his father's savings of eight hundred dollars with him.

While under observation at the hospital his behavior was within normal limits and he showed no clear cut signs of a psychosis. The medical staff therefore referred him back to the court for disposition. The court in turn gave him a suspended sentence of six months in the House of Correction and fined him one hundred dollars to be paid to the father.

He made a good adjustment after his release by the court. He went back to work driving a coal truck and his employer took a fatherly interest in the veteran. He saw to it that the veteran did not work too hard and afternoons





interested the veteran in going fishing and in other various sport events which the veteran learned to enjoy for the first time in his life. The family was quite pleased with his behavior at the time the writer made the follow-up visit.

This veteran has always been an emotionally immature, shy, inadequate person. He has been able to get along in a limited fashion when things are not too strenuous. However, under stress and strain he breaks down and is no longer able to function well enough to get along. This was vividly demonstrated by his breakdown immediately after his induction into the service without being subjected to any more stress than the fact that he was removed from the protection of his mother and the security of his home. The veteran was fortunate in being able to work for a fatherly, understanding, supporting person during the follow-up period. This veteran made a fair social adjustment prior to entering service, a poor military adjustment, a poor adjustment after service and a good adjustment in the follow-up period.

This group of cases illustrates the types of social adjustment made in the periods before service, during service, after service and in the follow-up period. We see some veterans, such as Case IV, who adjusted best in a military environment. In contrast to Case IV we have Case X where the veteran had a great fear of guns and killing people and consequently broke down immediately upon induction. In Case V the veteran gradually developed a pathological



mental illness of which the etiology is unknown and therefore was separated from the service. We see some veterans such as Case Vlll who made a poor adjustment in all four periods. In Case lll we see a veteran who developed a psychoneurosis as a result of a traumatic war experience and after a short period of psychotherapy was able to function with the same social efficiency he possessed before the war. Thus, we see a group of veterans committed to the Boston Psychopathic Hospital for observation who had made various types of social adjustments before service, during service, after service, and in the follow-up period.





## CHAPTER 111

## A SURVEY OF THE GROUP OF CASES AS A WHOLE

Table 1 shows the percentage of veterans admitted to the hospital who were committed by the courts.

TABLE 1

COMPARISON OF THE TOTAL NUMBER OF VETERANS  
ADMITTED AND THE NUMBER OF VETERANS  
COMMITTED BY THE COURTS FROM  
JANUARY 30, 1946 TO MAY 11, 1946

Number of Veterans	Veterans	
	No.	Per Cent
All Veterans Admitted	55	100
Veterans Committed by the Courts	31	56.36

During the period from January 30, 1946 until May 11, 1946 there was a total of thirty-one veterans of World War 11 committed to the Boston Psychopathic Hospital by the courts for a period of observation. This compared with a total of fifty-five veterans of World War 11 admitted to the hospital for all purposes. Thus the percentage of veterans committed by the courts was 56.36 per cent of the total number of veterans admitted for all purposes.

Table 11 shows the diagnosis of the veterans studied.





TABLE 11

PERCENTAGE DISTRIBUTION OF DIAGNOSIS OF  
THIRTY-ONE VETERANS COMMITTED  
BY THE COURTS

Diagnosis	Total	
	No.	Per Cent
Without Psychosis, Psycho- pathic Personality, Mixed Type	10	32.24
Without Psychosis, Alcoholism	7	22.51
Without Psychosis, Psycho- pathic Personality with Path- ological Sexuality	2	6.44
Psychosis with Psychopathic Personality	1	3.23
Psychoneurosis, Mixed Type	5	16.11
Psychosis, Dementia Praecox, Unclassified	2	6.45
Hebephrenic Type	1	3.23
Alcoholic Psychosis	1	3.23
Simple Adult Maladjustment	1	3.23
Manic Depressive Psychosis	1	3.23
Total	31	100.00

A variety of diagnoses are included within the group of veterans studied (See Table 11). We find that over 32 per cent of the cases carried the diagnosis of Without Psychosis, Psychopathic Personality, Mixed Type. This figure is not too unexpected since the diagnosis of Psychopathic Personality is quite high in persons brought before the courts for offenses against society.<sup>1</sup> The diagnosis Without Psychosis,

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<sup>1</sup> Arthur P. Noyes, M.D., Modern Clinical Psychiatry (Philadelphia and London: W. B. Saunders Co., 1934), p. 512.



Alcoholism (22.51 per cent) constitutes the next highest group of cases. Since alcoholics are considered a sub-group of the diagnosis Psychopathic Personality, we believe this figure can be explained for much the same reason.<sup>1</sup> The rest of the cases are pretty evenly divided between those with a diagnosis of Psychoneurosis, Mixed Type (16.11 per cent) and those considered Psychotic (16.11 per cent) and committable. In explaining the five cases with a diagnosis of Psychoneurosis it must be born in mind that the writer is dealing with a selected group of veterans some of whom had been discharged from the service with a diagnosis of Psychoneurosis after having experienced no combat stress whatsoever, while some had experienced severe stress and returned home with definite unresolved symptoms of their war experience. In their attempt to readjust to the frustrations of civilian life each veteran reacted in either an aggressive or a regressive manner depending upon the personality of the individual.<sup>2</sup> No adequate explanation was found for the seemingly large percentage of Psychotics in this group of veterans.

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<sup>1</sup> Maurice Levine, M.D., Psychotherapy in Medical Practice (New York: The MacMillan Co., 1946), p. 205.

<sup>2</sup> George K. Pratt, M.D., Soldier to Civilian (New York and London: McGraw-Hill Book Co., Inc., 1944), pp. 106, 107.





Table 111 shows the percentage distribution of length of time since discharge from service prior to commitment for observation.

TABLE 111

PERCENTAGE DISTRIBUTION OF LENGTH OF TIME  
SINCE DISCHARGE FROM SERVICE PRIOR TO COMMITMENT  
FOR OBSERVATION FOR THIRTY-ONE VETERANS

Length of Time	No.	Total Per Cent
Up to 3 months	4	12.91
3 months to 6 months	7	22.53
6 up to 9 months	6	19.36
9 up to 12 months	3	9.68
12 up to 15 months	0	0
15 up to 18 months	2	6.46
18 up to 21 months	1	3.23
21 up to 24 months	0	0
24 up to 27 months	2	6.46
27 up to 30 months	0	0
30 up to 33 months	1	3.23
33 up to 36 months	3	9.68
36 up to 39 months	1	3.23
39 up to 42 months	0	0
42 up to 45 months	0	0
45 up to 48 months	1	3.23
Total	31	100.00

We were interested to see whether there seemed to be any optimal length of time since discharge prior to commitment to the hospital or whether the length of time was very varied. Studying the length of time since discharge before commitment we found that 64.48 per cent of the veterans were committed for observation within twelve months after





their discharge from the service. We believe the above figure can be explained on the following basis. Since more than half of these veterans carry the diagnosis of Psychopathic Personality and Alcoholism they are prone to continue their anti-social behavior immediately upon discharge from the service and, therefore, are likely to be apprehended<sup>1</sup> within a year after discharge. The writer also believes this figure can be explained on the following basis. The returning servicemen, especially those suffering from a neurosis of some type, found it difficult to readjust to their families, occupation, and community and to the existing housing problem. These difficulties had a frustrating effect on a number of these veterans who therefore reacted in such a way as to come in conflict with society within the first year after their discharge. The remainder of the veterans were arrested at various intervals from 15 to 48 months after discharge. No adequate reason could be found for the intervals at which the remainder of the veterans were arrested.

Table IV shows the percentage distribution of veterans by age groups.

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<sup>1</sup> Ibid., p. 121.



TABLE IV  
PERCENTAGE DISTRIBUTION OF VETERANS BY AGE GROUPS  
(THIRTY-ONE VETERANS)

Age Group (In years)	Total	
	No	Per Cent
18-20	4	12.91
21-23	7	22.53
24-26	5	16.13
27-29	4	12.90
30-32	1	3.24
33-35	4	12.90
36-38	1	3.24
39-41	3	9.69
42-44	0	0
45-47	0	0
48-50	2	6.46
Total	31	100.00

In examining the percentage distribution of veterans by age groups, we find that the largest number arrested from any age group is seven in the 21 to 23 year old group. The next largest group were the five veterans in the 24 to 26 year old group. We find that all but five of the thirty-one veterans arrested were eighteen to thirty-eight years old. The writer believes these figures can be explained on the basis of the draft law. A greater number of men were drafted from the age groups eighteen to twenty-nine, therefore, a greater number in this age group are more apt to be arrested.





In studying the group of cases the writer found there were twenty-six veterans out of the total of thirty-one veterans under study who had been employed prior to entering the service. The writer was interested to know how many of this group made a good or poor occupational adjustment before they entered service, after their service period, and what, if anything, their past occupational adjustment had to do with their occupational adjustment in the follow-up period.

Table V shows the degree of adjustment made by the twenty-six veterans who had been employed prior to entering the service.

TABLE V

PERCENTAGE OF GOOD AND POOR OCCUPATIONAL ADJUSTMENT  
BEFORE, AFTER, AND FOLLOW-UP FOR TWENTY-SIX VETERANS

Degree of Adjustment	Before		After		Follow-Up	
	No.	Per Cent	No.	Per Cent	No.	Per Cent
Good	12	46.15	6	23.08	7	26.93
Poor	14	53.85	20	76.92	19	73.07*
Total	26	100.00	26	100.00	26	100.00

\* 2 were sentenced to jail

3 were committed to a mental hospital

In explaining the occupational adjustment of the twenty-six veterans, we find that twelve veterans had made a good occupational adjustment before entering service but only six veterans made a good occupational adjustment



after their discharge from service. Seven veterans of these twenty-six cases were making a good occupational adjustment in the follow-up period. In studying these figures further we find fourteen veterans of the twenty-six employed were making a poor occupational adjustment before entering service and twenty veterans were making a poor occupational adjustment after they were discharged from service. Nineteen veterans were making a poor occupational adjustment in the follow-up period. Two of these nineteen making a poor occupational adjustment in the follow-up period were rated so because they were serving jail sentences (See Introduction), and three of these nineteen making a poor occupational adjustment in the follow-up period were rated so because they were hospitalized in a mental hospital in the follow-up period. This left a total of fourteen veterans who were making a poor occupational adjustment in the follow-up period or the same number that were making a poor occupational adjustment prior to entering service. The writer believes these figures can be explained on the following basis. The veterans who had made a poor occupational adjustment before entering service had no opportunity to develop better individual work habits during their period of regimentation in the military setting and therefore were no better equipped after service to make a better occupational adjustment.





Table VI shows the number of veterans who used alcohol and to what degree before entering service, during service, after service and in the follow-up period.

TABLE VI

PERCENTAGE OF NON-USERS, MODERATE, AND HEAVY USERS  
OF ALCOHOL BEFORE, DURING, AFTER AND FOLLOW-UP  
OF THIRTY-ONE VETERANS

Degree of Consumption	Before		During		After		Follow-Up	
	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
None	5	16.15	0	0	0	0	11	35.48 *
Moderate	11	35.49	13	41.94	6	19.33	9	29.04
Heavy	15	48.36	18	58.06	25	80.67	11	35.48
Total	31	100.00	31	100.00	31	100.00	31	100.00

\* 4 sentenced to prison  
4 committed to a state hospital  
1 moved out of the state

We find that there were five non-users of alcohol before entering service, no non-users during service, and no non-users after service. After subtracting the nine veterans who had been committed, jailed, or moved out of the state, there were only two non-users in the follow-up period. Eleven veterans drank alcohol to a moderate degree before entering service, thirteen drank moderately during service, six drank moderately after service, and nine veterans were drinking alcohol moderately in the follow-up period. There were fifteen veterans, or slightly less than half of the thirty-one veterans, who were heavy users of





alcohol before they entered service, eighteen veterans were heavy users of alcohol during service, and twenty-five veterans or more than eighty per cent of the thirty-one veterans were heavy users of alcohol after service. After subtracting the nine veterans who were sentenced to jail, committed to a state hospital, or moved out of the state, we have nine veterans left who were heavy drinkers in the follow-up period. Six of the veterans committed to a state hospital or sentenced to jail were heavy drinkers before entering service and heavy drinkers after service and if they had not become psychotic or incarcerated no doubt would continue to be heavy drinkers. This would give us the same number of heavy drinkers in the follow-up period as there were before entering service. This picture shows that the veterans who had been non-users and moderate users of alcohol before service gradually increased their consumption of alcohol during service so that, together with the confirmed heavy drinkers, there were over eighty per cent or twenty-five veterans of the thirty-one veterans under study who were heavy users of alcohol after service. This in itself indicates the conflict and chaos that existed in the minds of these men during the period after their discharge from the service. The writer believes the figures in Table VI can be explained on the following basis. The veteran while overseas drinks alcohol to allay his anxiety





concerning the military situation and on his return home he continues to drink to excess to escape the conflict between his dependent needs and the reality of the home situation. This inevitably leads to a vicious circle of depression, aggression, anxiety and once again an attempt to escape through the use of alcohol. It was during these aggressive periods that many of these veterans came in conflict with the law. The writer feels this explanation applies only to the veterans who were moderate or non-users of alcohol before entering service.

How many veterans made a good marital adjustment before entering service, during service, after service, and in the follow-up period, and how many veterans made a poor marital adjustment before service, during service, after service, and in the follow-up period? In order to study this question it was not necessary to study the entire thirty-one veterans since only eleven veterans were married prior to entering service.

Table VII shows the marital adjustment of the veterans who were married prior to entering service.

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TABLE VII

PERCENTAGE OF GOOD AND POOR MARITAL ADJUSTMENT  
BEFORE, DURING, AFTER AND IN THE  
FOLLOW-UP OF ELEVEN VETERANS

Degree of Adjustment	Before		During		After		Follow-Up	
	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
Good	5	45.45	6	54.55	3	27.27	3	27.27
Poor	6	54.55	5	45.45	8	72.73	8	72.73
Total	11	100.00	11	100.00	11	100.00	11	100.00

In examining the eleven cases, we find only five veterans were making a good marital adjustment prior to entering service and only six of the eleven veterans were making a good marital adjustment during their service period. After service there were only three veterans who were making a good marital adjustment and the same number in the follow-up period. These figures show that one veteran made a better marital adjustment during service when it was not necessary for him to assume full responsibility of the family. This veteran, however, again had marital difficulty after discharge and in the follow-up period. There were only three veterans making a good marital adjustment in the follow-up period or two less than in the period prior to entering service. These figures show that those veterans who made a poor marital adjustment prior to entering service continued to make a poor marital adjustment after service and in the





follow-up period.

One of the most important questions in the mind of the investigator was to study the degree of social adjustment of the thirty-one veterans in the follow-up period. To do this each veteran was rated (See Introduction) before he entered service, during service, after service and in the follow-up period. In what period did these veterans make a good, fair or poor adjustment and was there any relationship to their degree of adjustment before, during, after, and in the follow-up period? We find that the answer to these questions varies depending primarily upon the type of social adjustment the veteran was able to achieve prior to entering service.

Table VIII A shows the thirty-one cases in order of their descending adjustment level.

There was a total of nine veterans making a good social adjustment prior to entering service, eleven made a good adjustment during service, none after, and eight veterans made a good social adjustment in the follow-up period, or one less than before entering service. There was a total of six veterans who made a fair social adjustment before entering service, eight veterans made a fair adjustment during service, none made a fair social adjustment after service, and five made a fair social adjustment

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TABLE VIII A

DEGREE OF ADJUSTMENT OF WORLD WAR II VETERANS  
BEFORE, DURING, AFTER AND FOLLOW-UP IN  
THIRTY-ONE CASES

Before	During	After	Follow-Up	Number
Good	Good	Poor	Good	3
Good	Fair	Poor	Good	2
Good	Fair	Poor	Poor	3
Good	Poor	Poor	Poor	1
Fair	Good	Poor	Fair	2
Fair	Good	Poor	Poor	2
Fair	Poor	Poor	Good	1
Fair	Poor	Poor	Fair	1
Poor	Good	Poor	Good	2
Poor	Good	Poor	Poor	2
Poor	Fair	Poor	Fair	2
Poor	Fair	Poor	Poor	1
Poor	Poor	Poor	Poor	9
Total				31

in the follow-up period, or one less than before entering service. There was a total of sixteen veterans who made a poor social adjustment before entering service, eleven veterans made a poor adjustment during service, all thirty-one veterans made a poor social adjustment after service, and eighteen veterans made a poor social adjustment in the follow-up period, or two more than before entering service.

In explaining these figures further, we see that there were three veterans who had a good adjustment before, during and in the follow-up period and nine veterans who made a poor adjustment before entering service, during service,





after service, and in the follow-up period. In these two groups of veterans there seems to be a constancy of social performance with the exception of the period of arrest for the three veterans who had made a good social adjustment. We also note that in the group of sixteen veterans who had made a poor social adjustment before entering service two had made a good adjustment during service and three had made a fair adjustment during service, and since they failed to continue their good adjustment after service and in the follow-up period, the indications are that these veterans were more adaptive to a military environment. In explaining the varied social performance of the other veterans, the writer would like to point out that no two veterans had the same make-up or native endowment and consequently, no two met their military experience in the same way even though the experience may have been similar. For the same reason no two veterans reacted the same way to the problem of adjusting to civilian life.

Table VlllB shows the totals for the various degrees of adjustment analyzed in Table VlllA.

In summary we see that there was one less veteran who had made a good social adjustment in the follow-up period than there was in the period before service, and there was one less veteran who had made a fair social adjustment in



TABLE VIII B

DEGREE OF ADJUSTMENT OF WORLD WAR II VETERANS  
BEFORE, DURING, AFTER AND FOLLOW-UP IN  
THIRTY-ONE CASES

Degree of Adjustment	Before	During	After	Follow-up
Good	9	11	0	8
Fair	6	9	0	5
Poor	<u>16</u>	<u>11</u>	<u>31</u>	<u>18</u>
Total	31	31	31	31

the follow-up period than there was before service. There was the same constancy in the group that made a poor social adjustment before entering service except that there were two more veterans who had made a poor social adjustment in the follow-up period than there was before service.





## CHAPTER IV

## SUMMARY AND CONCLUSIONS

In this study the writer set out to evaluate the post-war social adjustment of thirty-one World War II veterans admitted to the Boston Psychopathic Hospital from the courts for observation, and also to find out, if possible, whether or not such factors as their social adjustment before, during, and after service are determining factors in the post-war social adjustment of these thirty-one veterans. The writer also set out to discover whether or not such factors as age, diagnosis, and use of alcohol are determining factors in the post-war social adjustment of these veterans. The number of cases used in the study is too small from a statistical point of view to draw definite conclusions from. However, certain trends have appeared which may be worth considering in other situations.

The writer found that more than half of the veterans had made a poor social adjustment before entering service and slightly more than that made a poor social adjustment in the follow-up period. The writer also found that the number who had made a good social adjustment before entering service was about the same as the number of veterans who made a good social adjustment in the follow-up period. The



writer also found that the number of veterans making a fair social adjustment before entering service was about equal to the number of veterans making a fair social adjustment in the follow-up period. About one-third of the veterans who had made a poor social adjustment before entering service made a fair to good social adjustment during their military service but again made a poor social adjustment after service and in the follow-up period. A group of slightly less than a third of the veterans who had made a poor social adjustment before entering service also made a poor adjustment during service, after service, and in the follow-up period.

There seems to be a definite relationship between the inability to make a good post-war social adjustment and the diagnosis of Psychopathic Personality and Alcoholism. More than half of the veterans under study carried either the diagnosis Psychopathic Personality or Alcoholism and the writer found that all but three of these made a poor social adjustment in the follow-up period.

Age does not seem to effect the post-war social adjustment of these veterans. All but five of the veterans arrested were fairly evenly distributed between the age groups of eighteen and thirty-eight, with a slight increase in concentration in the younger age groups indicating very much the pattern set up by the draft law.

A careful study reveals that almost two-thirds of the





veterans under study were admitted for observation within twelve months after discharge from service. It appears then that the readjustment period was the most difficult and therefore the period in which these discharged veterans were most apt to be arrested, if at all.

There seems to be a definite relationship between the number of veterans making a poor social adjustment in the follow-up period and their use of alcohol to excess before entering service, during service, after service, and in the follow-up period. Almost half of the veterans under study drank alcohol to excess before entering service, more than half drank alcohol to excess during service, more than eighty per cent drank to excess after service, and counting the veterans who drank to excess that were jailed or committed to a state hospital, we have about the same number of veterans drinking to excess in the follow-up period as there were before entering service.

In summary, the most important factor in determining the post-war social adjustment of the veterans under study is dependent upon their entrenched patterns or habits of social conduct prior to entering service. The veterans who had entrenched anti-social habits before entering service tended to remain anti-social and the veterans who had good social habits before entering service were more likely to respond favorably to the assistance offered by



the field of medicine, the community and the family. This study seems to make clear the need for establishing good social habits during the formative years of the individual if he is to meet the responsibilities of good citizenship in later life.

Approved

A handwritten signature in dark ink, reading "Richard K. Conant". The signature is written in a cursive style with a large, prominent "R" at the beginning.

Richard K. Conant, Dean





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## APPENDIX





## SCHEDULE

1. NAME.....CASE NUMBER.....
2. AGE.....CIVIL STATUS.....
3. DATE ADMITTED.....DATE DISCHARGED.....
4. RELIGION.....NATIVITY.....  
.....
5. PREVIOUS MENTAL DISEASE.....
6. PREVIOUS ARRESTS.....
7. USE OF ALCOHOL.....  
.....
8. HOW INDUCTED.....
9. BRANCH OF SERVICE.....
10. DATES OF SERVICE.....
11. DATES OF OVERSEAS SERVICE.....
12. COMBAT SERVICE.....
13. RANK.....
14. DEMOTIONS.....
15. TYPE OF DISCHARGE.....  
.....
16. DIAGNOSIS ON DISCHARGE FROM HOSPITAL.....
17. DISPOSITION OF CASE BY THE JUDGE.....
18. OCCUPATIONAL ADJUSTMENT.....
19. FAMILY AND GROUP RELATIONSHIPS.....
20. COMMUNITY ADJUSTMENT.....
21. RECREATIONAL INTERESTS.....

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- 22. PERSONALITY CHANGES.....
- 23. IS HE COMMITTED TO A MENTAL HOSPITAL.....
- 24. IS HE SENTENCED TO PRISON.....
- 25. CASE SUMMARY















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